

# Knobbe Martens Olson & Bear LLP

Intellectual Property Law

620 Newport Center Drive  
Sixteenth Floor  
Newport Beach, CA 92660  
Tel 949-760-0404  
Fax 949-760-9502  
www.kmob.com

David N. Weiss

BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : RIGHTLN.001A

Applicant(s) :

For : INTEGRATED MEDIA MANAGEMENT  
AND RIGHTS DISTRIBUTION APPARATUS

Attorney : David N. Weiss

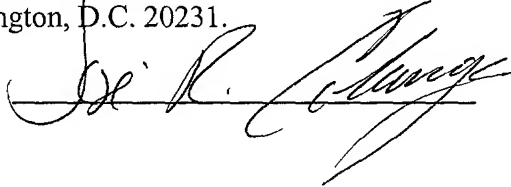
"Express Mail"  
Mailing Label No. : EL846930503US

Date of Deposit : December 28, 2001

I hereby certify that the accompanying

Transmittal letter; specification in 52 pages; 33 sheets of drawings; Return  
Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to  
Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the  
Assistant Commissioner for Patents, Washington, D.C. 20231.



L:\DNW-3855.DOC· clk  
122701

San Diego  
619-235-8550

San Francisco  
415-954-4114

Los Angeles  
310-551-3450

Riverside  
909-781-9231

JC892 U.S. PTO  
12/28/01

1-41-02

A

PATENT

Attorney Docket No. RIGHTLN.001A  
Date: December 28, 2001  
Page 1

ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s):

For:

**REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)**

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

**INTEGRATED MEDIA MANAGEMENT AND RIGHTS DISTRIBUTION APPARATUS**

Enclosed are:

- (X) Thirty-three (33) sheets of drawings.
- (X) Return prepaid postcard.

**CLAIMS AS FILED**

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$740	\$740
Total Claims	29 - 20 =	9 ×	\$18	\$162
Independent Claims	4 - 3 =	1 ×	\$84	\$84
If application contains any multiple dependent claims(s), then add			\$280	\$-0-

**FILING FEE TO BE PAID** \$986  
**AT A LATER DATE**

- (X) Please use Customer No. 20,995 for the correspondence address.

*David N. Weiss*  
David N. Weiss  
Registration No. 41,371  
Attorney of Record